

## TERMINATION CHECKLIST & EXIT INTERVIEW

| Employee:                                      |                 | EIN:           | <u>Division:</u>    |            |
|--|-----------------|----------------|---------------------|------------|
| Last Day Worked:                               |                 | Last Day Paid: |                     |            |
| Final Timesheet Entered                        |                 |                |                     |            |
| State ID Card Returned                         |                 |                |                     |            |
| <ul> <li>UTA EcoPass Returned</li> </ul>       |                 |                |                     |            |
| <ul> <li>UMD Access Turned Off</li> </ul>      |                 |                |                     |            |
| Verify the Following If Applicable             | :               |                |                     |            |
| <ul> <li>Educational Assistance (wa</li> </ul> | s there a reimh | oursement wi   | thin the last year? | ) - Y or N |
| <ul> <li>State-owned equipment retu</li> </ul> |                 |                | -                   | , - 52 11  |
| • Reimbursements submitted                     | ` •             | , ,            |                     |            |
| Home Address:                                  |                 |                |                     |            |
| City:  | State:          |                | Zip Code:           |            |
| Home Email Address:                            |                 | DI             | none #:             |            |
| Home Eman Address.                             |                 |                | <u>ποπε π.</u>      |            |
|  |                 |                |                     |            |
| Reason for leaving state employn               | nent (Optional  | l): Check all  | that apply.         |            |
| ☐ Abandonment of Position                      |                 | □ Other        | □ Other Reasons     |            |
| □ Deceased                                     |                 | $\Box$ Other   | Employment          |            |
| □ Dismissal                                    |                 | □ Reloca       | ation               |            |
| □ Education                                    |                 | □ Retire       |                     |            |
| ☐ End of At-Will Employment                    |                 | □ Reduc        | ction in Force      |            |
| □ Military Service                             |                 |                |                     |            |

| Are there any internal issues or con | icerns that HR should be made aware of?   |
|--------------------------------------|---|
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
| Do you have any feedback for depa    | rtmental improvement?   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
| Additional comments:                 |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      | the State of Utah, I hereby certify that I have returned or am sion that are the property of the State of Utah. |
| Employee:                            |   |
| Name (please print):                 | Employee Title:   |
| Signature:                           | <u>Date:</u>  |
| Interviewer (HR Office):             |   |
| Name:                                |   |
| Signature:                           | <u>Date:</u>  |